

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 54th LEGISLATURE - REGULAR SESSION

JOINT SUBCOMMITTEE ON INSTITUTIONS & CULTURAL EDUCATION

Call to Order: By CHAIRMAN MARJORIE I. FISHER, on February 6, 1995, at 8:00 a.m.

ROLL CALL

Members Present:

Rep. Marjorie I. Fisher, Chairman (R)
Sen. Larry J. Tveit, Vice Chairman (R)
Sen. Gary C. Aklestad (R)
Rep. William T. "Red" Menahan (D)
Rep. Steve Vick (R)
Sen. Mignon Waterman (D)

Members Excused:

Members Absent:

Staff Present: Lisa Smith, Legislative Fiscal Analyst
Mary LaFond, Office of Budget & Program Planning
Brandee Decrevel, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: Department of Corrections and Human Services
- Mental Health Division
- Central Operations
Executive Action: None

{Tape: 1; Side: A}

HEARING ON DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES MENTAL HEALTH DIVISION

Dan Anderson, Administrator, Mental Health Division, Department of Corrections and Human Services (DCHS), distributed reports requested from the last legislative session. EXHIBITS 1 and 2 There are three primary components to the public mental health system for which DCHS is responsible--the Montana State Hospital at Warm Springs; the Montana Center for the Aged in Lewistown and the Community Mental Health Programs which provide services throughout Montana.

In FY94 the state hospital served almost 600 patients. During this biennium the closure of Galen was a major task which involved transferring 48 nursing home patients to appropriate settings, the reduction in work force of approximately 150 staff and the establishment of an infirmary at the state hospital to replace the acute care part of the Galen campus. Also the Montana Chemical Dependency Center in Butte was established. The 1993 legislature asked that the Galen campus be maintained in a usable state of repair. In January 1994 DCHS entered an agreement with Deer Lodge County which provides the county funding DCHS received from the legislature to provide for the upkeep and alternative uses at Galen. A private school has been established at Galen and the county is actively pursuing other uses for the campus.

The state hospital has worked on continued compliance with a lawsuit decision which found the state hospital to be deficient in a number of areas including the ratio of professional staff to patients. Virtually all professional positions filled at all times although currently there is a search to replace a psychiatrist who has recently resigned. Another issue of the lawsuit was the use of restraint and seclusion. There are now good guidelines in place to use these methods only when absolutely necessary and according to appropriate professional orders.

A major goal for the FY96/97 biennium is state hospital accreditation through the Joint Commission on Accreditation of Hospitals. The hospital does have sufficient staff for accreditation and is working to improve quality assurance standards and bring some facilities up to code for accreditation. These building improvements are being presented to the long range planning committee this session.

Budget changes include transferring the laundry services to Montana State Prison in FY96. Increases in professional training opportunities are being requested for such areas as supervisory and management skills, treatment planning, quality assurance, rehabilitation services, and ways of dealing with regressive patients. A sex offender program, HB 93 sponsored by **REP. RED MENAHAN**, would give DCHS the authority to place into a specialized sex offender treatment program adult offenders who currently are in several of our institutions and are not receiving the appropriate level of treatment.

The other major issue for the next biennium is managed care. DCHS administration has a proposal to combine all of the public mental health system into a single managed care system. This will involve a dramatic changes for state facilities. Under managed care the level of budget for the state hospital and for the Center for the Aged will be determined upon how those centers are used, rather than up front budgets set by the legislature. This transition needs to be approached cautiously to insure that

the most seriously mentally ill citizens receive the services they need.

The Montana Center for the Aged is a 191 bed, licensed, certified nursing home. It serves residents over the age of 55 who have a mental disorder and require nursing care but do not require the active treatment given at the state hospital. During the past two years there's been rather dramatic change in the population of the center. The patients have much more profound skill deficits and require more help in things like bathing, eating and incontinence. These patients also have more medical problems with an increase this biennium of 18% in prescriptions written and a 28% increase in the number of doctor visits, as well as an increase in the psychiatric services. In addition to the two day a month psychiatric contract with Billings Deaconess the state hospital has started sending a psychiatrist once a month to the Center. There is also an increased number of patients with various kinds of dementia which leads to "wandering"--patients who are not trying to escape from the center but do wander out and endanger themselves. Because of this the unit doors have been installed with a push code lock.

The 1996/97 budget request includes a half-time physician position. Only one Lewistown physician has been willing to provide medical services to the Center and he is retiring. Other Lewistown physicians are not interested in working with the Center. The Center is also requesting admission standard changes through SB 120. This would allow the admission of patients under the age of 55 and allow the transfer of involuntary commitments at the state hospital. There are a number of patients at the state hospital who are appropriate for the Center for the Aged and could be more economically served at the Center but are ineligible for admission because of their age or involuntary status. SB 120 passed the senate with some amendments added to address concerns by advocacy groups about due process. The Center for the Aged will also be involved in managed care.

The Community Mental Health program in recent years have maintained their community support programs for adults. In the last two years the programs that have really come into their own are intensive case management for adults with serious mental illness and crisis programs. These have been very effective in providing alternative services for people who otherwise would probably have to be served in the state hospital. A never ending issue is the interface between state hospital and community mental health services. The admissions process is continually refined to make sure that the person who goes to the state hospital can no longer be adequately served in the community programs and to be sure appropriate community programs are available for persons discharged from the state hospital.

There is a budget request for expanded crisis intervention programs and supportive housing services. SB 168 proposes an additional screening process for involuntary admissions to the

state hospital to assure that before the ordering judge orders a has all the information necessary to determine if that is the least restrictive alternative as required by law. The Mental Health division will be evaluating the program standards for the community based programs. There needs to be a more comprehensive, detailed set of standards for crisis services and rehabilitation services. For the community mental health programs the transition to managed care will bring a lot of healthy competition among providers to demonstrate that they are offering effective services in an economical way.

The Managing Resources Montana (MRM) budget is being consolidated in DCHS. Residential funding under the Department of Family Services last biennium will be moved to DCHS because management of the program is moving to DCHS. If funding for community based programs is not adequate in MRM, some children who would be better served in community programs may have to be put into a residential program.

REP. RED MENAHAN asked where the residential programs are located. **Mr. Anderson** answered they are private programs located in Billings, Butte and Helena, as well as out-of-state programs used when bed space is limited.

CHAIRMAN MARGE FISHER asked if these programs are Medicaid funded or state funded. **Mr. Anderson** responded that both Medicaid funds--which are a combination of state and federal dollars--and state funds are used. For the most part residential programs are Medicaid with families not eligible for Medicaid able to be covered under MRM. But MRM funding is for the most part tied up in community services, so there isn't often funds available for residential care.

{Tape: 1; Side: B}

REP. MENAHAN asked if the community mental health centers are audited to avoid funding services like divorce counseling. **Mr. Anderson** answered that increasingly the state requires its funding be used for seriously mentally ill adults and children. Those funds are audited and about 92% is used for seriously mentally ill patients.

Mr. Anderson described a chart that breaks down the charges of private and public mental health practitioners--psychiatrists, psychologists, Masters of Social Work, and counselors. The average total cost (which is not the fee) of a mental health center to provide one hour of therapy is \$75.68. DCHS has no way to determine the average total cost of private practitioners. The chart shows average fees of private practitioners, ranging from \$30 to \$50 per hour. The Medicare reimbursement for private practitioners is \$34 and for community mental health centers it is \$75. The higher reimbursement to the mental health centers is because of additional Medicare requirements for the centers such as having a medical director who reviews the work and approves

the services. The mental health centers provide services in small communities and communities with no private practitioners which greatly increase the centers costs. Most private practitioners will serve a very limited number of Medicaid recipients while the mental health centers generally has very little private pay patients. DCHS pays \$60.26 an hour for non-Medicaid client because the average non-Medicaid client pays \$15. The state does not pay for adults to use private practitioners, but children who qualify through MRM can have private practitioner reimbursement.

SEN. GARY AKLESTAD asked why the state isn't more open to contracts with private practitioners as a way of providing more services. **Mr. Anderson** answered that managed care will open the system. It is important to understand that the community mental health services are directly associated with the State Hospital in putting together after care services for discharged patients. There will be Medicaid patients coming out of the State Hospital who will have trouble finding a private practitioner willing to treat them.

Kathy McGowan, representing the Mental Health Centers, spoke in support of implementing managed care. While private practitioners might take some Medicaid patients they won't take a great number more at the present reimbursement rate. The reason reimbursement to private practitioners is low is because their only requirement from Medicaid is to see the patient and submit the form. Mental health centers have all kinds of paper work requirements from both Medicaid and the mental health division. It gets back to state policy to serve the public mental health patients. The managed care system will bring in private competitors who may be able to provide services more effectively and cost efficiently. Some mental health centers may eventually close down while some private competitors may get out of the business because they don't want to compete.

SEN. WATERMAN commented that one of the advantages of managed care is it will eliminate artificial payment schedules which require and/or only reimburse a certain number of hours of therapy as though every individual needs exactly the same amount of service.

Ms. McGowan commented that prior to the 1991 legislative session many middle income people did get Medicaid coverage in residential and hospital programs. The legislature stopped this reimbursement in part because many of these people also had insurance available to pay for services.

{Tape: 1; Side: B; Approx. Counter: 800}

HEARING ON DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES
CENTRAL OPERATIONS

Bill Furois, Administrator, Management Services Division, DCHS, gave an overview of the central operations program. There are three parts of management services: 1) the Board of Pardons which is administratively attached to DCHS, has five board members and five staff members; 2) the Director's Office, including legal staff which handles approximately 240 guardianships each year and about 50 active legal cases including inmate civil rights, inmate habeas corpus and state collection cases. The Director's Office is responsible for personal policies for 1,800 employees and labor relations with more than 40 labor unions. The Director's Office administers DCHS' more than 350 contracts; 3) the Management Services division of 28 FTE is responsible for overall department budget management and fiscal compliance with state and federal accounting laws and regulations. Management Services also performs direct payroll, purchasing and accounting functions for probation/parole, Women's Correctional Center, River correctional training center, pre-release centers, and the chemical dependency center. Management Services handles reimbursement functions, such as Medicaid, for all DCHS institutions. In base year 1994 there was approximately \$15.5 million in general fund collections with \$17 million estimated for this biennium.

{Tape: 2; Side: A}

Craig Thomas, Executive Director, Board of Pardons, explained the Board of Pardons is a five member citizen board appointed by the Governor with consent of the Senate. The Board exercises its quasi-judicial and policy making functions independently of DCHS and hire their own personnel. The autonomy of this citizens board is very important in that it guarantees impartial decisions based on the voice of the communities and not on political or financial considerations. There are very few decisions in the criminal justice system that are more controversial or subjected to greater public scrutiny than parole decisions. The scope and consequences of those decisions exert an enormous amount of impact on public safety and the management of the state's correctional resources.

The primary responsibility of the Board of Pardons staff is initiating investigations and gathering information for the Board's decisions. The Board members must have qualifications which allow them to practice in fields such as criminology, psychology, education, law, social work and counseling. Major objectives of the Board are to release an inmate into the community if that meets the interest of fully protecting society. That decision is based on four major facts: the nature and severity of the offense, the prior criminal history of the offender, how the offender has performed on supervision in the past, and how they have adjusted in the institutional setting. Community comments are also considered.

Another major function of the Board is to return to custody individuals who are unable to perform in the community. The Board also makes recommendations concerning clemency to the Governor. The Board can add conditions to the standard conditions of parole. The standard conditions of parole include inmates not being allowed to change residence or travel outside their assigned district without permission; they must maintain employment; they must report on a regular basis; they cannot own, possess or be in control of firearms; they must obtain permission for financing a vehicle and they are subject to search. Additional conditions could include restrictions from entering bars; restrictions from associations; drug and alcohol testing; court ordered restitution and participation in regular counseling programs. The Board often restricts an offender from the county of the victim's residence.

Currently parole eligibility is hard for anyone--judge, inmate, correctional officers, the public--to understand. The requirements for parole are set in statute by the legislature. A non-dangerous offender serves one-fourth of a sentence less good time. A dangerous offender serves one half of a sentence less good time. On a maximum time sentence an inmate serves 17.5 years less good time. A life sentence serves 30 years less good time. HB 356, the "truth in sentencing" bill, would amend these parole statutes. All prisoners would be required to serve 25% of their sentence with no good time provisions.

REP. MENAHAN commented that HB 356 would not be retroactive to current inmates when it is implemented in July 1995. **Mr. Anderson** said that in addition the elimination of good time provisions would not happen until January 1997. The Board of Pardons supports HB 356 because it makes the sentencing and parole system understandable for everyone. Currently medical paroles can be granted at any time during a sentence if a physician certifies an inmate as not being a risk to the community. There is also an early parole status that allows for consideration 120 days prior to standard eligibility if the prison is beyond its designed capacity, which it has been for years. When someone is being considered for release the county attorney's office, local sheriff's office, victims if they have requested, parole and probation authorities, and the district judge are notified.

REP. STEVE VICK asked if the 25% minimum proposed in HB 365 is a good minimum or is it driven by prison overcrowding. **Mr. Thomas** answered this is an appropriate minimum and is currently about what a dangerous offender serves as a minimum. The average length inmates serve currently is about 30%.

REP. VICK commented that HB 365 should serve to reduce the number of hearings the Board of Pardons has in a given year. **Mr. Thomas** disagreed because all the prisoners will still come before the Board, just at different spacings. During the first few years they will possibly be a decrease in hearings, but overall the

numbers as a percent of inmates should remain about the same. In 1993 the Board conducted 1553 cases include 612 parole hearings. In 1994 there were 1524 cases and 620 parole hearings. Approximately 50% of the institutional population are parole eligible, which means they have appeared before the Board and been denied parole or were put back in the institution for violating their parole. In 1994 86.2% of the parole population were adjusting adequately or had completed supervision. The majority of parolees completed pre-release prior to their release on parole. Approximately 70% of the paroles that have been granted were to non-violent offenders. The parole violators that are returned to prison are for technical violations, not for new criminal activity. Those returned for new activity are overwhelmingly non-violent offenders.

{Tape: 2; Side: B}

Mr. Thomas reviewed new budget proposals for the Board of Pardons on page D-122 of the Executive budget book.

SEN. MIGNON WATERMAN asked how much per diem Board members are paid and what is the average number of days they meet in a year. **John G. Thomas, President, Board of Pardons**, said the Board members get a \$50 per diem and have parole hearings one day a month plus other meetings as needed, usually the last three to four days of each month.

Mary LaFond, Office of Budget and Program Planning (OBPP) the Executive was told the Board meets 68 days a year. The Executive present law adjustment provides for 75 meeting days a year because that has been determined to more accurately reflect the need.

Mr. Furois discussed the present law adjustments and new proposals for central operations found on pages D-120 through D-122 in the Executive budget request. The major adjustment is in fixed costs because of the increase in insurance through the tort claims division. This increase is approximately \$330,000. Insurance rates are based on the past three years activity and this biennium is the first time the prison riots come into play in the insurance rates. Fixed costs in central operations cover the entire DCHS, not just the central operations division.

Sally Johnson, Deputy Director, DCHS, gave an explanation of the early to work/safety program. In July 1992, DCHS was notified of a workers compensation insurance increase of 106%. This raised DCHS workers compensation premiums from \$2,632,487 to \$5,448,145. In response a safety program was implemented that was certified by the State Fund in January 1993. This certification allowed DCHS a 5% reduction in premiums, renewable every two years if the safety program continued.

{Tape: 3; Side: A}

In addition to implementing the safety program DCHS contracted with a private organization in 1993 to implement a comprehensive management system to train department supervisors to control workers compensation costs. The safety program coordinates the efforts of the supervisor, the employee, the physician and the claims examiner in developing a treatment plan for returning the employee to work as soon as is practice. This approach has increased the supervisors' involvement with employees in that it empowers supervisors to take an active role in preventing injuries through training, general safety procedures and specific state operation procedures. The safety program personnel team took applications from each institution about the type of financial support they needed to implement the program then made priority decisions on funding.

In this system when an injury occurs the supervisor is immediately involved in assisting the worker in getting necessary first aid and/or medical treatment. In some cases with the employee's consent the supervisor accompanies the worker to the physician and insures that everyone in the process understands the nature of the employees injury, the employee's recuperation period and the need to return to work as quickly as the employee's recovery will permit. Often the employees are able to return to a temporary assignment or a modified duty schedule more quickly than the employee could return to full duty. This is a modification of previous policy which required employees to be 100% able to do their job. By bringing the employee back to light duty they are better able to ease into their regular duties with less risk of reinjury.

To date DCHS has invested approximately \$150,000 in state rebate to the program of which approximately \$10,000 was spent on equipment such as lifts and back belts. Some of this equipment allows compliance with OSHA guidelines while lowering the risk of accidents. **EXHIBIT 3**

If the program is compromised by a decrease in DCHS commitment the safety program could turn around and have a high loss ratio again. The program is requesting \$160,000 additional general fund each year. The budget is determined as \$10,000 each for the ten institutions, \$10,000 for travel and \$50,000 for equipment. There are many more equipment requests than were funded and in some instances there are OSHA compliance equipment needs that must be met. One possible use of the funds this biennium would be for a safety and health training program with Montana Tech of the University of Montana. **EXHIBIT 4**

Jennifer Pryor, Superintendent, Montana Developmental Center (MDC), spoke about the success of the disability management program at MDC. MDC piloted the program in 1993. At MDC the program has increased morale with an improved employee assistance program. Employees are more aware of safety issues and supervisors are better able to manage workers compensation issues, including immediate response to assist injured employees.

REP. VICK asked if the money that the program was funded for last session was in the base budget. **Lisa Smith, Legislative Fiscal Analyst**, said this program was taken out of the base, which is reflected in the negative present law adjustment to "other services." The safety program was pulled out of the base budget because DCHS wanted the funding considered together which was more appropriate as a new proposal.

ADJOURNMENT

Adjournment: 10:30 a.m.

notes read 6/95

Marjorie I. Fisher

MARJORIE I. FISHER, Chairman

Paula Clawson

PAULA CLAWSON, Recording Secretary

Note: These minutes were proofread by Lisa Smith, LFA.

MIF/pc

INSTITUTIONS

Joint Appropriations Subcommittee

ROLL CALL

DATE 2-10-95

NAME	PRESENT	ABSENT	EXCUSED
Rep. Marj Fisher, Chairman	✓		
Rep. Red Menahan	✓		
Rep. Steve Vick	✓		
Sen. Larry Tveit, Vice Chairman	✓		
Sen. Gary Aklestad	✓		
Sen. Mignon Waterman	✓		

Report to the Governor and the 54th Legislature
on
**SERVICES TO CHILDREN
WITH EMOTIONAL DISTURBANCES**

January 1995

The original of this document is stored at
the Historical Society at 225 North Roberts
Street, Helena, MT 59620-1201. The phone
number is 444-2694.

Prepared by
The Department of Corrections and Human Services
MENTAL HEALTH DIVISION

as required by 53-21-202(8) M.C.A.

EXHIBIT 2
DATE 2-6-95
~~SB~~ HB 2

2-6-95
Hendon 1-2

Report to the 54th Montana Legislature

on

CURRENT AND PROJECTED FUTURE USE
OF
MONTANA STATE HOSPITAL

and

PROGRESS TOWARD JCAHO
ACCREDITATION

January, 1995

prepared by
Montana Department of Corrections and Human Services
MENTAL HEALTH DIVISION

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Street, Helena, MT 59620-1201. The phone
number is 444-2694.

EXHIBIT 3
DATE 2-6-95
~~SB~~ HB 2

2-6-95
Central Operat
Handout 1

DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES

EMPLOYERS EXPERIENCE REPORT AS OF JANUARY 2, 1995

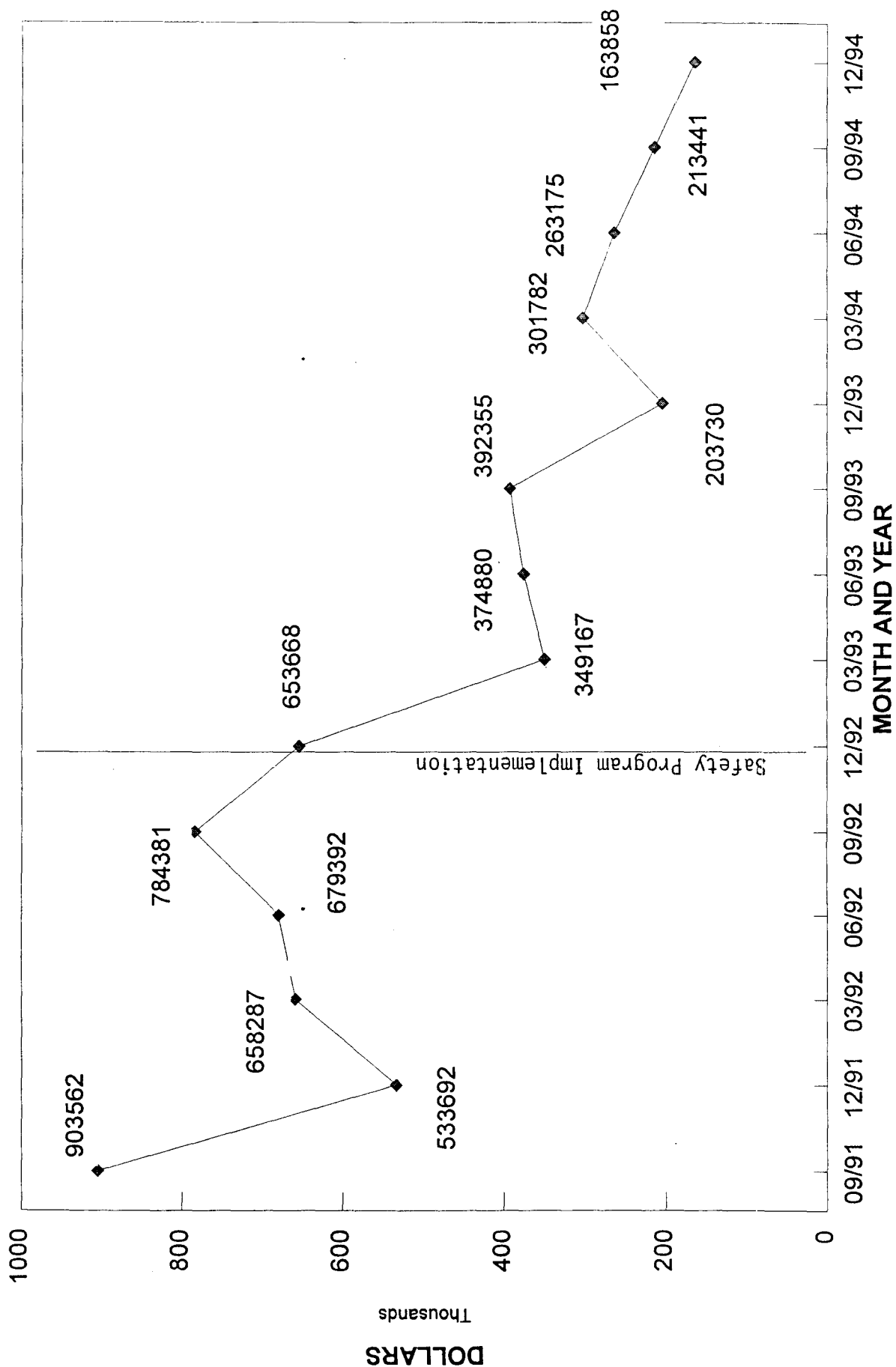
FISCAL YEAR	RATE CATEGORY	EX-MOD FACTOR	EARNED PREMIUM	TOTAL ESTIMATED LIABILITY	LOSS RATIO
95 YTD	SELECT	.99	2,342,238	271,496	11%
94	SELECT	1.12	5,397,797	1,223,489	22%
93	SELECT	1.24	5,448,145	2,746,480	50%
92	SELECT	N/A	2,632,487	3,310,010	110%
91	SELECT	N/A	2,713,705	3,657,046	134%
90	SELECT	N/A	3,068,500	2,428,460	79%

Total Estimated Liability --- is the sum of medical and compensation liabilities. This would include actual costs and estimated costs reserves for each accident.

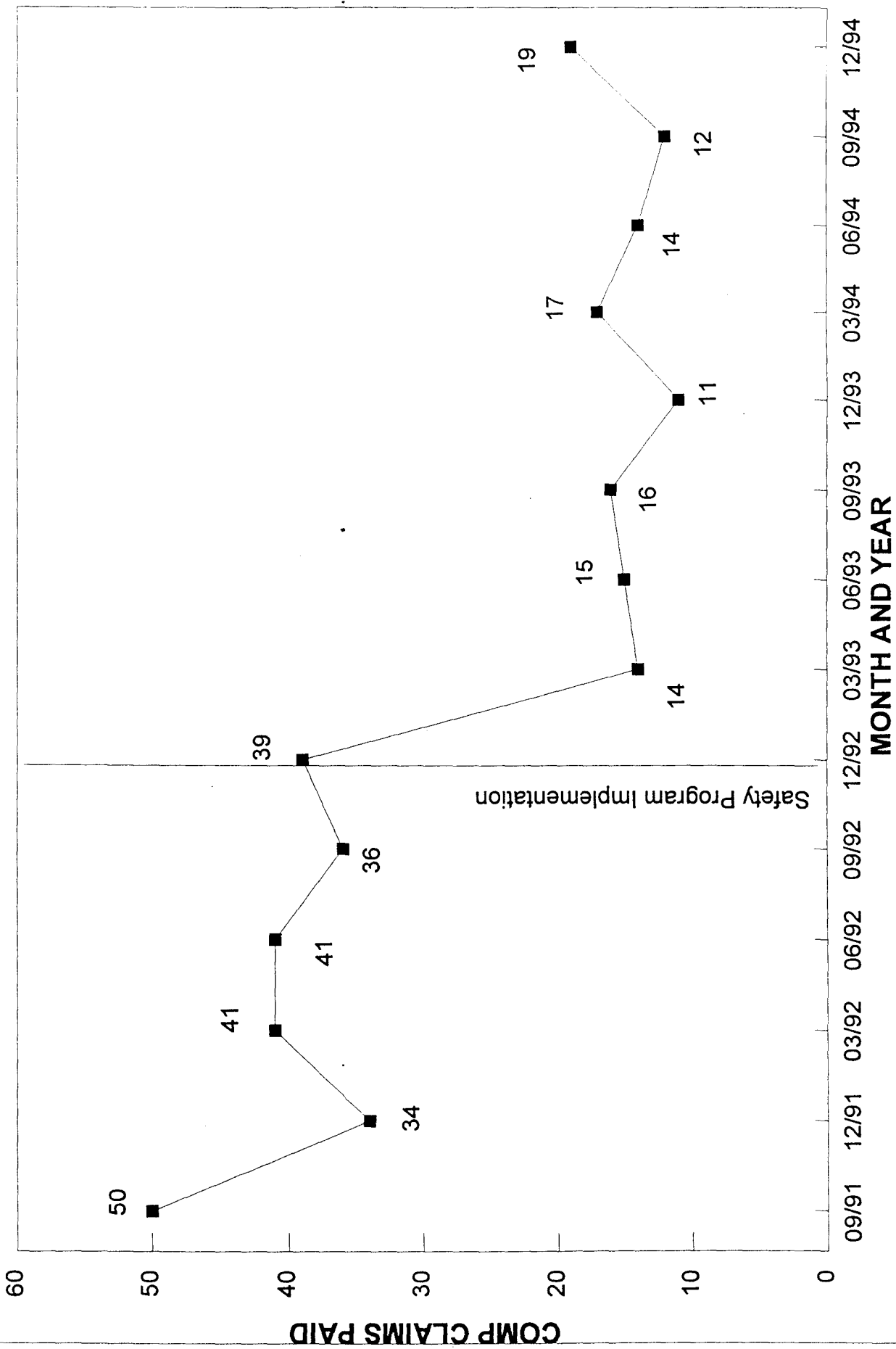
Earned Premium --- is the amount of money actually paid. The earned premium is the manual premium times the experience modification factor minus any volume discount given. The 95 premiums is based upon the agencies usage during fiscal years 91 - 92 and 93. The experience mod factor is based upon usage in relationship to occupational standards. Any Mod Factor over 1 is poor and costly.

Loss Ratio --- is the total estimated liability divided by earned premium.

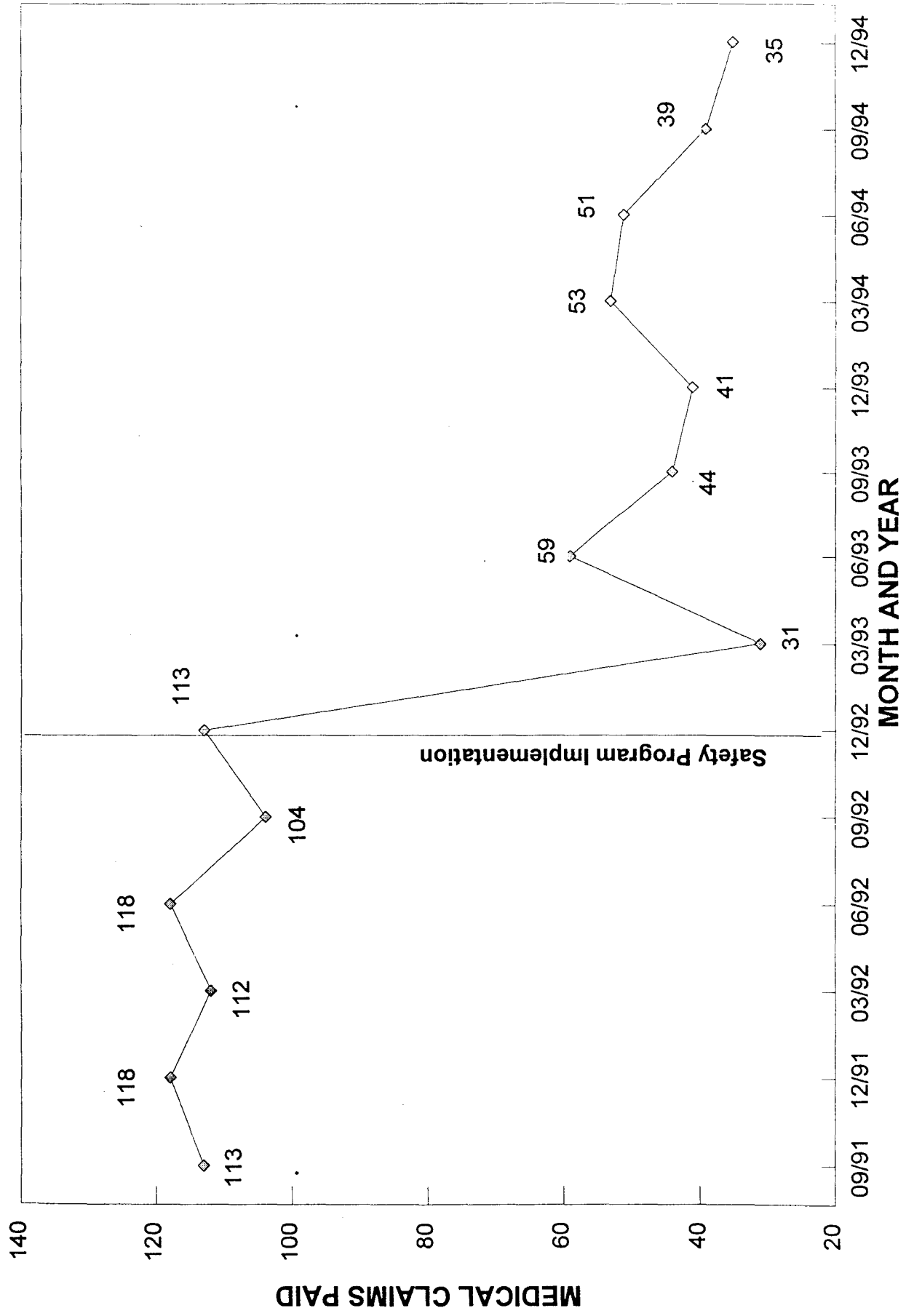
DCHS ESTIMATED LIABILITY FOR MEDICAL & COMP CLAIMS



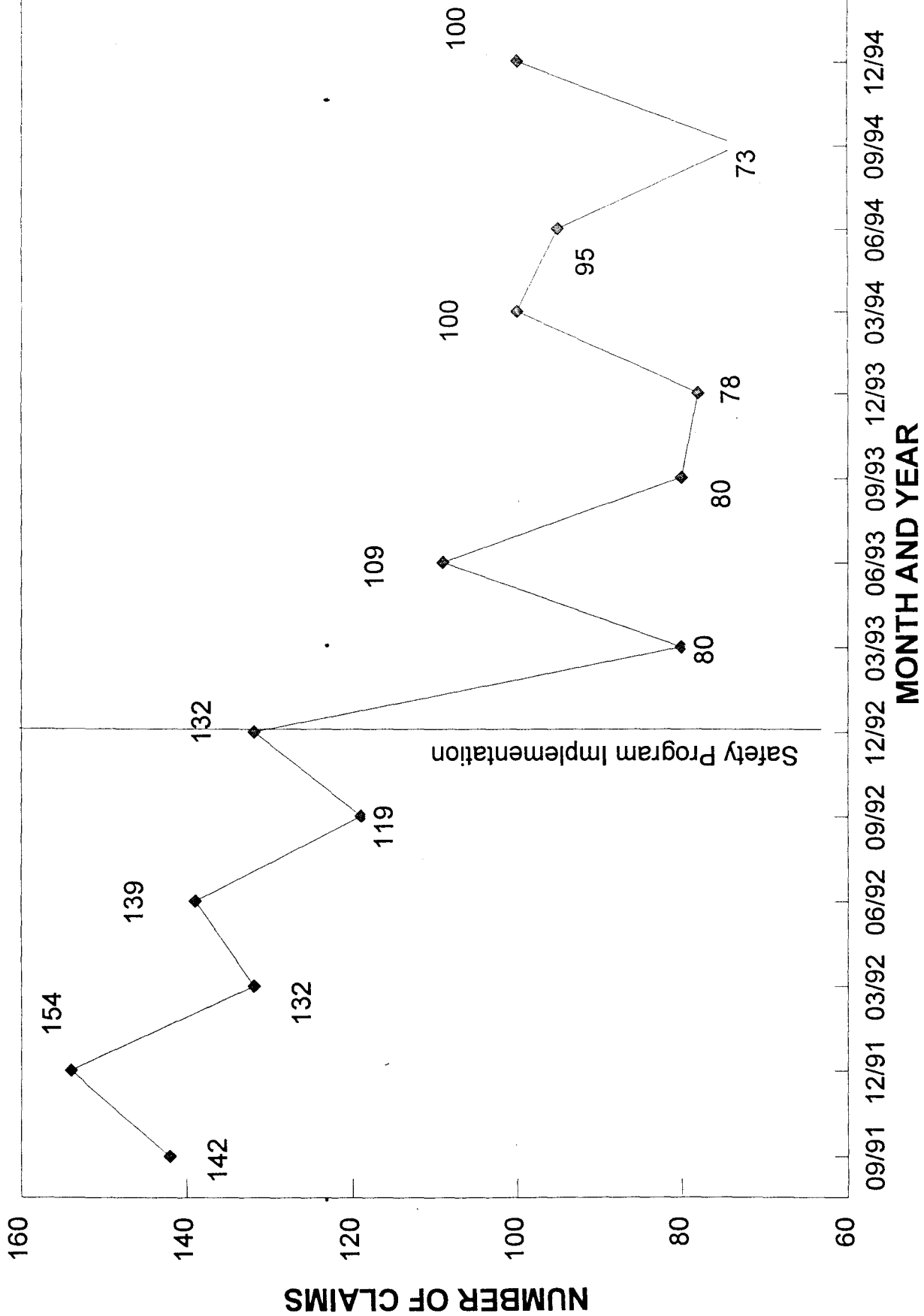
DCHS NO. OF COMP CLAIMS PAID



DCHS NO OF MEDICAL CLAIMS PAID



DCHS TOTAL NO. OF CLAIMS



February 6, 1995

EXHIBIT

DATE

SB

HB 2

4

2-6-95

Handout 2
2-6-95
Central
operation

To: Public Safety Sub-Committee
54th Montana Legislature

From: Julie B. Norman, CIH
Associate Professor and Head
Occupational Safety & Health/Industrial Hygiene Department
MONTANA TECH of the University of Montana

Re: Safety and Health Training Within the Department of Corrections and
Human Services

EXECUTIVE SUMMARY

The Department of Corrections and Human Services and Montana Tech are developing opportunities for upper class and graduate students, with their faculty advisors, to provide technical support in safety and industrial hygiene for the state institutions. Specifically, Tech envisions students performing safety training, safety audits and inspections; noise, ergonomic and hazard analysis projects; and air sampling programs. Moreover, Montana Tech, by using these facilities for projects, laboratories and training will provide the technical expertise needed to sustain the momentum of the current safety and health efforts of the Department of Corrections and Human Services. Based on their decreased workers' compensation premiums and improved accident experience, this has been a very successful effort.

At Montana Tech, undergraduate and graduate students are prepared for both safety and industrial hygiene careers. Tech is the only higher education institution in Montana offering this training and expertise. Moreover, the undergraduate and graduate programs at Montana Tech are the only recognized degrees in the five state region encompassing North and South Dakota, Wyoming, Idaho and Montana. Hence, Montana Tech graduates are filling an important, unduplicated and unique niche. They receive a very applied education and are problem solvers. They are very sought after by industry. Tech graduates can compete with the graduates from any program in the country.

The benefits of such an effort to Montana Tech students would be:

1. The opportunity to apply classroom knowledge with professional field experience.
2. Allowing students to use specific technical skills in different applications/situations (i.e. prison vs. state hospital).
3. Dealing with personnel. Learning how to work with people from other disciplines and backgrounds.

Benefits to the State of Montana and Department of Corrections and Human Services are:

1. Access to technical expertise their staffs do not presently possess from students who are about to graduate, and many already have industrial experience.
2. The opportunity to increase the professional/technical skills of the supervisors and personnel in the Department.
3. The opportunity to evaluate students on the job for potential permanent employment with State agencies.
4. Implementation and maintenance of a cost effective and comprehensive safety and industrial hygiene program for state employees. Such a program can and will exceed the requirements of the Montana Safety Culture Act.

It has been proposed that the Department of Corrections and Human Services provide financial support of students working on defined projects within the State institutions. The projects, expectations, measurable goals and final outcome would be determined by Montana Tech faculty and appropriate institution staff. The proposed support would include:

1. travel;
2. per diem; and a
3. \$500 stipend upon project completion.

Montana Tech endorses the above financial support. One, the State receives cost-effective technical expertise, supervised by Montana Tech OSH/IH faculty. Secondly, the student is reimbursed for actual out-of-pocket expenses for traveling to and working at the job site, and receives monies to help defer the cost of their education. Five hundred dollars is a significant amount to a college student and an incentive to complete a first class professional project. An estimate would be that a given project would cost the State approximately \$750 total. On the other hand, the State could not hire a consultant for much more than two days at that rate.

Finally, and most importantly, the above relationship between Montana Tech and the Department of Corrections and Human Services reflects the commitment of these two State agencies to cooperatively work together to efficiently use and maximize state resources. It is a win-win proposal.

February 6, 1995

EXHIBIT 4
DATE 2-6-95
HB 2

Public Safety Sub-Committee
54th Montana Legislature

Dear Committee Members:

RE: Safety and Health Training Within the Department of Corrections and Human Services

Background

Discussions have been on-going between the Department of Corrections and Human Services (DCHS) and the Occupational Safety & Health/Industrial Hygiene Department of Montana Tech, regarding the development of a cooperative relationship on mutually beneficial safety and health projects. The philosophy behind the discussions is that Montana Tech students have the technical courses and expertise to support the safety and health programs being implemented at the institutions with the DCHS. The OSH/IH faculty would supervise and advise the student projects. This testimony is submitted to state Montana Tech's capabilities and to define the expected results, benefits and cost of such a cooperative program between two State agencies.

Montana Tech's Capabilities and Recognition

Montana Tech is a highly rated science and engineering college that has a long history of service to the minerals and energy industries. In 1987, Montana Tech was selected as the number one small science and technology college in the U.S. In 1994, U.S. News and World Report selected Montana Tech as one of the top regional universities of the West; #1 in Educational Value in the West; and #1 in Efficiency in the West. These rankings have been achieved through the dedication and commitment of the college faculty and a progressive administration.

In 1975, the Board of Regents approved a B.S. in Occupational Safety and Health (OSH). Since 1978, over 200 students have graduated from this program. Additionally, in 1984 an M.S. in Industrial Hygiene (IH) was initiated; thirty-nine candidates have completed this degree. The attached Figures 1 and 2 depict OSH and IH enrollment trends. Significant numbers of students are currently enrolled in these programs. Tech's OSH and IH programs are unique in Montana and no other campus offers similar training or expertise.

At Montana Tech, undergraduate and graduate students are prepared for both safety and industrial hygiene careers. The continued development of these programs has helped to meet a strong demand for well educated OSH/IH professionals in a region

that has a small number of occupational health or safety programs. The undergraduate and graduate programs at Montana Tech are the only recognized degrees in the five state region encompassing North and South Dakota, Wyoming, Idaho and Montana. The Montana Tech programs are the only ones in the United States offered by a primarily minerals and energy engineering college. Hence, Montana Tech graduates are filling an important and unique niche. See Figure 3 for permanent employment placement by industry.

National concern over indoor air quality, hazardous wastes, worker health, worker training, risk assessment and other OSH/IH issues is creating an ever larger job market for these professionals. All future job projections show a growing need and likely shortage of adequately educated technical professionals in the U.S. work force.

Faculty/Program Technical Advisors

Montana Tech faculty in OSH/IH represent an important resource to the College and to the region. As such, the faculty have developed a reputation in Montana and the region in safety, industrial hygiene and environmental issues. The faculty are active in regional and state organizations as well as research and consulting activities. These faculty would supervise the students and advise the Department of Corrections and Human Services for the projects and laboratories that will be proposed within this program.

The following is a table of core and supporting program faculty and their areas of expertise.

CORE FACULTY MEMBERS	AREAS OF COMPETENCE
Julie B. Norman, MPH, CIH	Industrial Hygiene, Sampling and Evaluation, Toxicology, Noise Control
Terry Spear, M.S.	Industrial Hygiene, Hazardous Materials Management, Instrumentation, Respiratory Protection
Cheryl Pylypuw, M.S., CSP	Safety Management, Safety Engineering, Ergonomics, Fire Protection
Bill Spath, Ph.D.	Toxicology, Experimental Design and Statistical Analysis, Biomechanics
John Amtmann, M.S.	Kinesiology, Applied Health Science, Emergency Response
SUPPORTING FACULTY	AREAS OF COMPETENCE
Rod James, Ph.D., P.E.	Environmental Engineering, Engineering Economics, Fire Protection
Kumar Ganesan, Ph.D.	Small Particle Technology, Industrial Ventilation, Pollution Prevention
Holly Peterson, Ph.D.	Ventilation, Air Pollution Engineering

National Reputation and Recognition of the OSH/IH Programs

Montana Tech has developed nationally recognized programs in Occupational Safety & Health and Industrial Hygiene. The OSH/IH Department has been selected or recognized for their quality educational programs by such organizations as:

1. National Institute of Occupational Safety and Health (NIOSH).
Presently, Montana Tech has a training grant (\$55,000) for equipment, professional development, library resources, student fee waivers and student travel for laboratory field trips and to professional conferences. This is a competitive grant program.
2. Department of Energy Industrial Hygiene Fellowship Program. Montana Tech was one of fifteen colleges or universities approved by DOE through a competitive process to educate graduate students selected for this national fellowship award. In 1994, Montana Tech graduated its' first fellow.
3. American Industrial Hygiene Association Foundation Industrial Hygiene Fellowship Grant. Again, Montana Tech was one of thirteen colleges or universities selected for a fellowship grant award. Tech has been selected for a grant 9 of 10 years. Two graduate students are supported per grant.

Montana Tech graduates a very technically competent student with strong written oral and verbal communication skills. They receive a very applied education and are problem solvers. They are very sought after by industry. Tech graduates can compete with the graduates from any program in the country.

Proposed Safety & Health Student Internship Program

The Department of Corrections and Human Services with Montana Tech are developing opportunities for upper class and graduate students, with their faculty advisors, to provide technical support in safety and industrial hygiene for the state institutions. Specifically, Tech envisions students performing safety training, safety audits and inspections; noise, ergonomic and hazard analysis projects; and air sampling programs. The attached yellow sheets demonstrate and describe the boundless list of potential opportunities for the State institutions to utilize Montana Tech students. Moreover, Montana Tech, by using these facilities for projects, laboratories and training will provide the technical expertise needed to sustain the momentum of the current safety and health efforts of the Department of Corrections and Human Services. Based on their decreased workers' compensation premiums and improved accident experience, this has been a very successful effort.

Benefits to be Realized by both State Agencies

The benefits of such an effort to Montana Tech students would be:

1. The opportunity to apply classroom knowledge with professional field experience.
2. Allowing students to use specific technical skills in different applications/situations (i.e. prison vs. state hospital).
3. Dealing with personnel. Learning how to work with people from other disciplines and backgrounds.

Benefits to the State of Montana and Department of Corrections and Human Services are:

1. Access to technical expertise their staffs do not presently possess from students who are about to graduate, and many already have industrial experience.
2. The opportunity to increase the professional/technical skills of the supervisors and personnel in the Department.
3. The opportunity to evaluate students on the job for potential permanent employment with State agencies.
4. Implementation and maintenance of a cost effective and comprehensive safety and industrial hygiene program for state employees. Such a program can and will exceed the requirements of the Montana Safety Culture Act.

Program Costs

It has been proposed that the Department of Corrections and Human Services provide financial support of students working on defined projects within the State institutions. The projects, expectations, measurable goals and final outcome would be determined by Montana Tech faculty and appropriate institution staff. The proposed support would include:

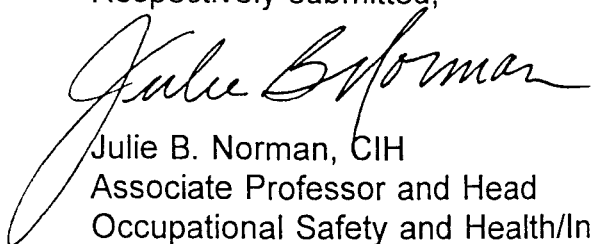
1. travel;
2. per diem; and a
3. \$500 stipend upon project completion.

Montana Tech endorses the above financial support. One, the State receives cost-effective technical expertise, supervised by Montana Tech OSH/IH faculty. Secondly,

the student is reimbursed for actual out-of-pocket expenses for traveling to and working at the job site, and receives monies to help defer the cost of their education. Five hundred dollars is a significant amount to a college student and an incentive to complete a first class professional project. An estimate would be that a given project would cost the State approximately \$750 total. On the other hand, the State could not hire a consultant for much more than two days at that rate.

Finally, and most importantly, the above relationship between Montana Tech and the Department of Corrections and Human Services reflects the commitment of these two State agencies to cooperatively work together to efficiently use and maximize state resources. It is a win-win proposal.

Respectively submitted,



Julie B. Norman, CIH
Associate Professor and Head
Occupational Safety and Health/Industrial Hygiene Department
MONTANA TECH of the University of Montana

EXHIBIT 4
DATE 2-6-95
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Figure 1

OSH PROGRAM ENROLLMENTS MONTANA TECH

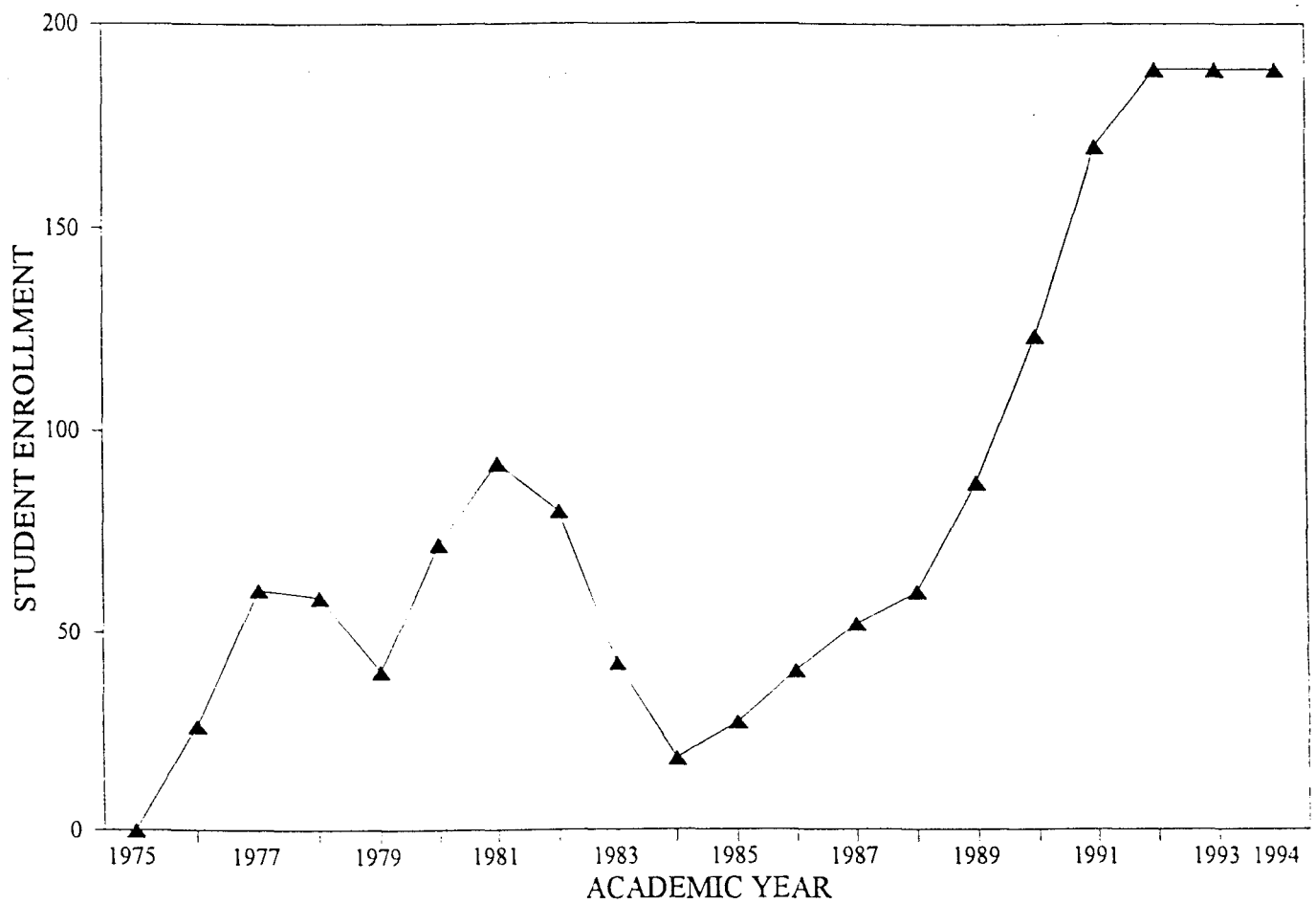


Figure 2

INDUSTRIAL HYGIENE PROGRAM ENROLLMENTS MONTANA TECH

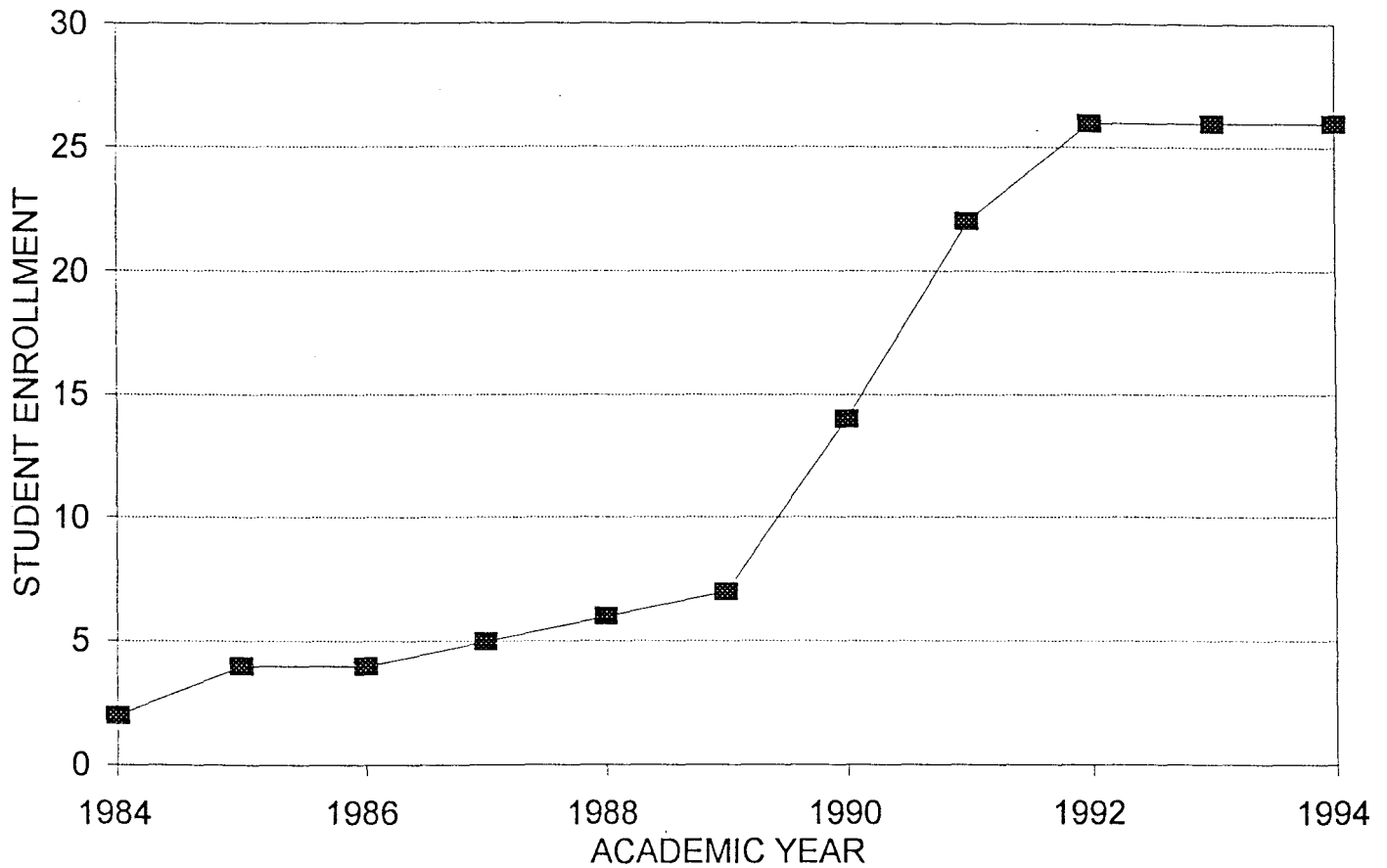
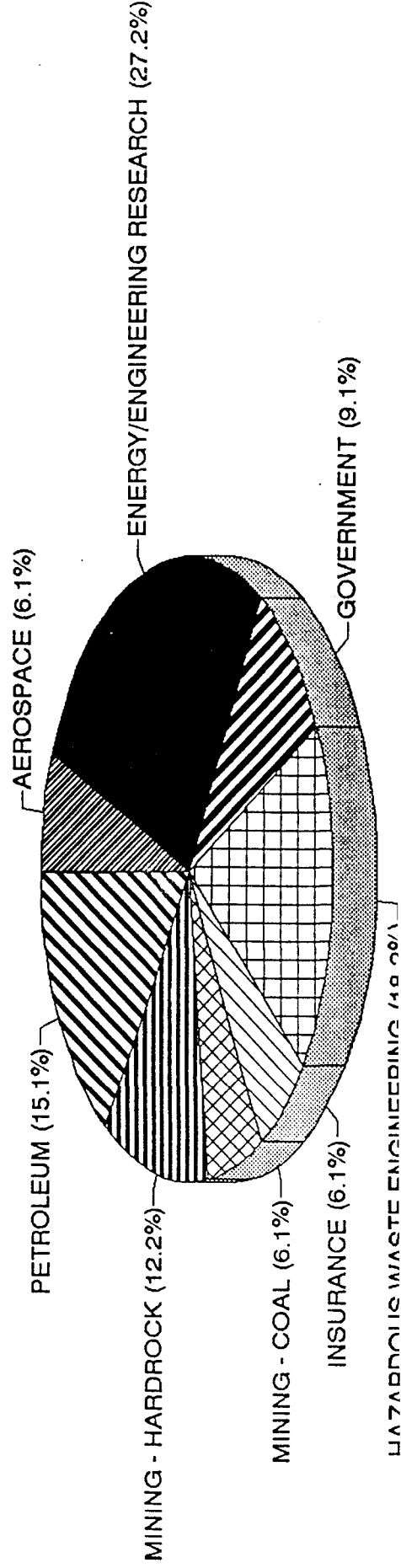


Figure 3

MONTANA TECH OSH/IH GRADUATES PERMANENT EMPLOYMENT DISTRIBUTION



MONTANA TECH

Occupational Safety and Health & Industrial Hygiene Department

Degree Programs:

- ◆ **B.S. OSH - Science & Engineering Option**
- ◆ **B.S. OSH - Applied Health Science Option**
- ◆ **M.S. Industrial Hygiene**

The following items outline the assumed familiarities and capabilities of OSH undergraduate students and IH graduate students according to their educational level. Criteria listed are based on the Montana Tech catalogue course descriptions and the assumption that the student has followed the chronological course schedule as listed in the catalogue.

OSH - SCIENCE & ENGINEERING

Sophomore

- ♦ Safety program organization and application
- ♦ Hazard analysis and accident prevention, correction, and control
- ♦ Accident investigation and analysis
- ♦ Safety record keeping
- ♦ Behavior modification
- ♦ Professional ethics
- ♦ Disabled worker issues
- ♦ Safety engineering principles
- ♦ Occupational safety hazards associated with various industries
- ♦ Preventive measures such as machine design/modification, procedural change, safeguarding, and PPE

Junior - In addition to the above:

- ♦ Federal, state, and local regulations for hazardous materials and wastes
- ♦ Toxic and hazardous material storage and treatment, transportation, emergency response planning, air and water quality, community concern issues, and risk assessment
- ♦ Technical writing
- ♦ Principles and techniques for recognition, evaluation, and control of chemical, biological, physical, and ergonomic stresses in the workplace

Senior - In addition to the above:

- ♦ Basics of particulate movement in air and deposition in the respiratory tract, and control of particulate emissions
- ♦ Fire hazard: causes, prevention and control; approved building material and construction techniques; fire detection and extinguishing systems; chemistry of combustion; fire codes and standards
- ♦ Sampling strategies, techniques, and procedures for evaluation of chemical and physical occupational health hazards
- ♦ Laboratory and field experience in calibration and use of area and personal monitoring and direct reading instrumentation for assessment of exposures to airborne aerosols, noise, temperature extremes, and other workplace hazards
- ♦ Basic ergonomic principles for optimal design of tools, work stations, facilities, and systems, with particular emphasis on analysis and reduction of upper extremity cumulative trauma disorders and manual and material handling
- ♦ Principles of air flow and pressure variations in duct work and hoods; both simple and complex ventilation system design

OSH - APPLIED HEALTH SCIENCE

Sophomore

- ♦ Red Cross certification in First aid and CPR
- ♦ Principles of anatomy and physiology, including the body's various systems, the muscles, and the skeletal system

OSH-Related Knowledge

- ♦ Safety program organization and application
- ♦ Hazard analysis and accident prevention, correction, and control
- ♦ Accident investigation and analysis
- ♦ Safety record keeping
- ♦ Behavior modification
- ♦ Professional ethics
- ♦ Disabled worker issues
- ♦ Safety engineering principles
- ♦ Occupational safety hazards associated with various industries
- ♦ Preventive measures such as machine design/modification, procedural change, safeguarding, and PPE

Junior - In addition to the above:

- ♦ Basic concepts of nutrition considering food caloric and nutritional content in relation to digestion, absorption, and metabolism at various life stages
- ♦ Adult physical fitness needs, measurement techniques, and programs, including training techniques for improving physical fitness
- ♦ The physiological response to exercise of various body systems
- ♦ Musculo-skeletal anatomy as related to human movement
- ♦ Technical writing

OSH-Related Knowledge

- ♦ Federal, state, and local regulations for hazardous materials and wastes
- ♦ Toxic and hazardous material storage and treatment, transportation, emergency response planning, air and water quality, community concern issues, and risk assessment

Senior - In addition too the above:

- ♦ Laboratory experience in evaluation of physical fitness, including diagnostic and functional stress testing protocols, electrocardiography, body composition, aerobic capacity, and ergometry
- ♦ 12-lead electrocardiography, including electrode placement, arrhythmias, and diagnostic and functional stress testing
- ♦ Diagnostic and functional stress testing protocols for assessment of cardiovascular fitness, with appropriate exercise prescription based on the results of fitness assessment
- ♦ Program development and evaluation, motivation and counseling, management, public relations, and legal considerations of health promotion, fitness, and exercise in the corporate, clinical and educational sectors

OSH-Related Knowledge

- ♦ Principles and techniques for recognition, evaluation, and control of chemical, biological, physical, and ergonomic stresses in the workplace

INDUSTRIAL HYGIENE

Graduate

- ◆ Safety program organization and application
- ◆ Hazard analysis and accident prevention, correction, and control
- ◆ Accident investigation and analysis
- ◆ Safety engineering principles
- ◆ Occupational safety hazards associated with various industries
- ◆ Preventive measures such as machine design/modification, procedural change, safeguarding, and PPE
- ◆ Federal, state, and local regulations for hazardous materials and wastes
- ◆ Toxic and hazardous material storage and treatment, transportation, emergency response planning, air and water quality, community concern issues, and risk assessment
- ◆ Sampling strategies, techniques, and procedures for evaluation of chemical and physical occupational health hazards
- ◆ Laboratory and field experience in calibration and use of area and personal monitoring and direct reading instrumentation for assessment of exposures to airborne aerosols, noise, temperature extremes, and other workplace hazards

- ◆ **Graduate Electives** may include any/all of the following, depending upon the student's curriculum:
 - Industrial Noise Control - Evaluation and control of noise, including selection of appropriate evaluation techniques, instruments, analysis of data, and design of adequate and cost-effective controls
 - Fire Protection - Fire hazard: causes, prevention and control; approved building material and construction techniques; fire detection and extinguishing systems; chemistry of combustion; fire codes and standards
 - Industrial Toxicology - Detailed study of chemical classifications, exposure routes, toxicity, high-risk occupational groups, toxicological research methods, and regulatory efforts concerned with providing information on occupational chemical exposures
 - Industrial Epidemiology - Use of classic epidemiological methodology to research occupational disease by collecting and analyzing data on disease incidence, mortality rates, hospital admissions, and absenteeism as they pertain to industry
 - Respiratory Protection - Development and implementation of an acceptable respiratory protection program, including selection, operation, training, fitting and inspection of respirators, as well as the pertinent regulations, record-keeping, and monitoring requirements
 - Systems Safety - Techniques of systems safety analysis, including Preliminary Hazard Analysis (PHA), Operating Hazard Analysis (OHA), Fault Tree Analysis (FTA), and Failure Mode and Effects Analysis (FMEA)
 - Ergonomics - Basic ergonomic principles for optimal design of tools, work stations, facilities, and systems, with particular emphasis on analysis and reduction of upper extremity cumulative trauma disorders and manual and material handling

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